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	Attorney Docket Number	JAB 1488-PCT-USA				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Marcel F. L. De Bruyn				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
☑ Declaration ☐ Declaration	Filing Date					
Submitted OR Submitted after Initial	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					

	4 1 b b 4 1 4 b -4 -										
My residence, post office	As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PYRROLIDINYL, PIPERIDINYL OR HOMOPIPERIDINYL SUBSTITUTED (BENZODIOXAN, BENZOFURAN OR BENZOPYRAN) DERIVATIVES											
the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 05/23/2000 as United States Application Number or PCT International											
Application Number PC	Г/EP00/04747 and w	as amended on (MM/DD/Y	m	-	(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
1 4000000000000000000000000000000000000	TOUGO THE	,	de								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	py Attached?						
Prior Foreign Application Number(s) 99201746.7	Country			•	py Attached?						
Number(s) 99201746.7	EP	(MM/DD/YYYY) 06/02/1999 supplemental priority data	Not Claimed	YES	py Attached? NO						
Number(s) 99201746.7 Additional foreign applications the benefit of the second	EP ation numbers are listed on a	(MM/DD/YYYY) 06/02/1999 supplemental priority data y United States provisional	Not Claimed	YES	py Attached? NO						
Number(s) 99201746.7	EP ation numbers are listed on a	(MM/DD/YYYY) 06/02/1999 supplemental priority data	sheet PTO/SB/0 application(s) lis	YES	py Attached? NO cato: I application n a data sheet						

[Page 1 of 3]
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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)					
☐ Additional	U.S. or I	PCT internationa	l applica	ation numbers a	re listed or	n a supp	lementa	al priority dat	sheet P	TO/SB	/02B attached	hereto.	
As a named inv and Trademark	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) to prosecute this application and to transact all business in the Pater Place Customer Number Bar Code Label here									omer Code			
	Nam			Regis	tration	, nama	ogistrat	Na			Registration		
Michael St		18		32,495	nber		Myra	a McCorn			36,602		
Steven P.		n		24,772	_			C. Colet		34,140			
Andrea L.	Colby			30,194	7		Mary	A. Appo	llina		34,08	7	
Additional	registere	d practitioner(s)	named o	on supplementa	l Registere	ed Pract	itioner I	nformation st	neet PTO	/SB/02	C attached her	eto.	
Direct all corr	Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below									lress below			
Name	Phil	ip S. Johnson											
Address	ohnلد	son & Johr	son										
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Country	USA			Telepho	ne (73	32) 524-2359 Fax ((73	732) 524-2808			
believed to be punishable by	true; and	d further that th	ese stat	ein of my own l tements were n inder 18 U.S.C.	nade with	the kno	wledge	that willful fa	alse state	ements	and the like s	o made are	
Name of So	ole or I	First Invento	r:				petitio	on has beer	filed fo	r this (unsigned inve	entor	
Given Name (first and middle [if any])					Family Name or Surname								
_ <u>M</u>	Marcel Frans Leopold					De Bruyn							
inventor's Signature										Date	12 Oct.		
Residence: City Hoogstraten State			BEX	Country Belgium Citizenship Be				Belgium					
Post Office A	Post Office Address Janssen Pharmaceutica N.V., Turnhoutseweg 30												
Post Office A	Post Office Address												
City		Beerse State z				2340 Coun			ntry	_{ry} Belgium			
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3__ of _3_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								ventor		
Given Name (first and middle [if any])				Family Name or Sumame						
Kristof					Van	Emelen				
inventor's Signature	a fact						1	200t. 2001		
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Post Office Address								_		
City	Beerse	State			ZIP	2340	Country	Ве	lgium	1
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								entor/		
Given Na	me (first and middle (if any	/])		\bot		Family Nar	ne or S	umame		
Piet Tom Bert Paul Wigerinck										
Inventor's Signature	10 gen 5								te	12.Oct. 2001
Residence: City	Nosselaar	State	BE	X	Country	Belgiun	^	Citize	nship	Belgium
Post Office Address	Janssen Pharmac	eutica N	.V., Tu	rnho	utsewe	eg 30				
Post Office Address										
City	Beerse	Beerse State ZIP					Coun	ntry Belgium		ım
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been filed	d for thi	s unsigr	ned inv	rentor
Given Nar	me (first and middle [if any	/])				Family Nan	ne or S	umame		
	Wim Gaston	2-				Verschuere	n			
Inventor's Signature	1000								Date 2001	
Residence: City	Anthersen State BEX Country					Belgium Citizenship Bel			Belgium	
Post Office Address	Janssen Pharmaceu	ıtica N.V	., Turr	ihou	tseweg	30				
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